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Bib Data Sheet

CONFIRMATION NO. 5312

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/728,724 | <b>FILING DATE</b><br>12/01/2000<br><b>RULE</b> | <b>CLASS</b><br>709 | <b>GROUP ART UNIT</b><br>2152 | <b>ATTORNEY DOCKET NO.</b><br>ORCL5672 |
|------------------------------------|---|---------------------|-------------------------------|--|

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**\*\* CONTINUING DATA \*\*\*\*\***  
NONE *Ac*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
NONE *Ac*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 01/17/2001**

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>44 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br><i>Examiner's Signature</i> <i>Ac</i>  |                               |                            |                           |                                |

**ADDRESS**  
22430

**TITLE**  
Methods and systems for rule-based distributed and personalized content delivery

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1142 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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